

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
04-04

2. STATE
Alaska

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☒ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 435

7. FEDERAL BUDGET IMPACT:
a. FFY \$0
b. FFY \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supp. 6 to Attachment 2.6, Page 1-3
Supplement 14 to Attachment 2.6-A, Page 1

Supp. 6 to Attachment 2.6, Page 1-3
Supplement 14 to Attachment 2.6-A, Page 1

10. SUBJECT OF AMENDMENT:
Income eligibility standards

Alaska (04-04)

Approved: 06/25/04
Effective: 01/01/04

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Does not wish to comment

James F. Bob Labbe

16. RETURN TO:

13. TYPED NAME: Bob Labbe

14. TITLE: Deputy Commissioner

15. DATE SUBMITTED:

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **MAR 29 2004**

18. DATE APPROVED: **JUN 25 2004**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **JAN - 1 2004**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: **Karen S. O'Connor**

22. TITLE: **Associate Regional Administrator**
Division of Medicaid &
Children's Health

23. REMARKS:

Standards for Optional State Supplementary Payments

AGED

Payment Category (Reasonable Classification)	Admin- istered by (Fed/State)	Income Level				Maximum Payment Level		Notes
		Gross		Net				
		1 Person	Couple	1 Person	Couple	1 Person	Couple	
Non-Institutionalized, living independently.	State	\$1656	\$	\$1047	\$1551	\$926	\$1374	1/ 2/
Non-Institutionalized, living in another individuals home and receiving in-kind income in the form of both food and shelter.	State	\$1656	\$	\$866	\$ 1290	\$744	\$1107	1/ 2/
Institutionalized in a hospital, SNF, ICF, or ICF/MR	State	\$1656	\$	\$ 74	\$ 148	\$75	\$150	1/ 2/

- 1/ **Income Disregard:** Alaska Native Land Claims Settlement
2/ **Additional Eligibility Criteria:** Individual must be age 18 or older.

Standards for Optional State Supplementary Payments

BLIND

Payment Category (Reasonable Classification)	Admin- istered by (Fed/State)	Income Level				Maximum Payment Level		Notes
		Gross		Net		1 Person	Couple	
		1 Person	Couple	1 Person	Couple			
Non-Institutionalized, living independently.	State	\$1656	\$	\$1047	\$1551	\$926	\$1374	1 / 2 /
Non-Institutionalized, living in another individuals home and receiving in-kind income in the form of both food and shelter.	State	\$1656	\$	\$866	\$1290	\$744	\$1107	1 / 2 /
Institutionalized in a hospital, SNF, ICF, or ICF/MR	State	\$1656	\$	\$ 74	\$ 148	\$75	\$150	1 / 2 /

1/ **Income Disregard:** Alaska Native Land Claims Settlement

2/ **Additional Eligibility Criteria:** Individual must be age 18 or older.

Standards for Optional State Supplementary Payments

DISABLED

Payment Category (Reasonable Classification)	Admin- istered by (Fed/State)	Income Level				Maximum Payment Level		Notes
		Gross		Net				
		1 Person	Couple	1 Person	Couple	1 Person	Couple	
Non-Institutionalized, living independently.	State	\$1656	\$3270	\$1047	\$1551	\$926	\$1374	1/ 2/
Non-Institutionalized, living in another individuals home and receiving in-kind income in the form of both food and shelter.	State	\$1656	\$3270	\$866	\$ 1290	\$744	\$1107	1/ 2/
Institutionalized in a hospital, SNF, ICF, or ICF/MR	State	\$1656	\$3270	\$ 74	\$ 148	\$75	\$150	1/ 2/

1/ **Income Disregard:** Alaska Native Land Claims Settlement

2/ **Additional Eligibility Criteria:** Individual must be age 18 or older.

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under section 1931 of the Act.

The following groups were included in the AFDC State plan effective July 16, 1996:

 x Pregnant women with no other eligible children.

 x AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocation or technical training.

 In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, without modification.

 x In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, with the following modifications.

 The agency applies lower income standards which are no lower than the AFDC standards in effect on May 1, 1988, as follows:

 x The agency applies higher income standards than those in effect as of July 16, 1996, increased annually each January 1 since July 16, 1996, by the percentage increase in the CPI-U.

Effective beginning 1/1/04	Family Size	Need Standard
a. Adult Included (AI/UP/INCAP)	2	\$ 1,091
	3	1,227
	4	1,363
	5	1,499
	each additional	136
b. ANI	1	\$ 599
	2	735
	3	871
	4	1,007
	5	1,143
	each additional	136
c. Single Adult		\$ 683